

APPLICATION FOR
FACILITY PERMIT/WASTE DISCHARGE

This form is to be used for filing a/an: (check all appropriate)

1. ☒ **REPORT OF WASTE DISCHARGE**
(pursuant to Division 7 of the State Water Code)
2. ☐ **APPLICATION FOR A HAZARDOUS WASTE FACILITY PERMIT**
(pursuant to Health and Safety Code Section 25200)
3. ☐ **APPLICATION FOR A SOLID WASTE FACILITIES PERMIT**
(pursuant to Government Code Section 66796.30)
4. ☐ **APPLICATION FOR A RUBBISH DUMP PERMIT**
(pursuant to Public Resources Code Sections 4371-4375 and 4438)

FOR OFFICE USE ONLY

Form 200 Rec'd _____
 Fee (RWQCB) _____ (SWMB) _____
 Letter to Discharger _____
 Report Rec'd _____
 Effective Date _____
 CDF Notified _____
 DOHS No. _____
 SWMB No. _____

I. FACILITY

A. NAME OF FACILITY

Boeing Realty Corporation C-6 Facility

TELEPHONE #

()

ZIP CODE

ADDRESS

19503 S. Normandie Ave., Los Angeles, California 90502

B. NAME OF LEGAL OWNER OF FACILITY

Boeing Realty Corporation

TELEPHONE #

(562) 627-3014

ZIP CODE

ADDRESS

4060 Lakewood Blvd., 6th Floor, Long Beach, California 90808

C. NAME OF BUSINESS OPERATING FACILITY

Same as above

TELEPHONE #

()

ZIP CODE

ADDRESS

D. TYPE OF BUSINESS OPERATING FACILITY

☐ Sole Proprietorship☐ Partnership☒ Corporation☐ Government Agency

E. NAME OF OWNER(S) OF BUSINESS OPERATING FACILITY

Boeing Realty Corporation

TELEPHONE #

(562) 627-3014

ZIP CODE

ADDRESS WHERE LEGAL NOTICE MAY BE SERVED

4060 Lakewood Blvd., 6th Floor, Long Beach, California 90808

II. REASON FOR FILING

CHECK ALL APPROPRIATE:

- A. ☒ New discharge or facility
 B. ☐ Existing discharge or facility
 C. ☐ Increase in quantity of discharge

- D. ☐ Change in character of discharge
 E. ☐ Change in place or method of disposal
 F. ☐ Change in design or operation

- G. ☐ Change in business operating facility
 H. ☐ Enlargement of existing facility
 I. ☐ Other (explain below)

III. TYPE OF OPERATION

CHECK ALL APPROPRIATE:

- A. ☐ Transfer station
 B. ☐ Solid waste disposal site
 C. ☐ Hazardous waste disposal site

- D. ☐ Sewage treatment
 E. ☐ Industry (on-site disposal facility)
 F. ☐ Industry (discharge to sewer)

- G. ☐ Woodwaste site
 H. ☒ Other (explain below)

IV. TYPE OF WASTE

CHECK ALL APPROPRIATE:

- A. ☐ Sewage, sewage sludge, and/or
septic tank pumpings
 B. ☐ Industrial wastes
 C. ☐ Municipal solid wastes
 D. ☐ Hazardous wastes

- E. ☐ Agricultural wastes
 F. ☐ Animal wastes
 G. ☐ Forest product wastes
 H. ☐ Construction/demolition wastes

- I. ☐ Inert materials
 J. ☐ Dead animals
 K. ☐ Tires
 L. ☒ Other (explain below)

V. SITE DESIGN CAPACITY

A. PRESENT POPULATION OR CAPACITY

B. DESIGN POPULATION OR ULTIMATE CAPACITY

C. LIFE EXPECTANCY (YEARS)

VI. QUANTITY OF WASTES

A. PRESENT OR PROPOSED DAILY FLOW (IN MGD):	MAXIMUM	AVERAGE	B. DESIGN FLOW (IN MGD)
C. SOLID WASTE DISPOSAL SITE (IN TONS OR CUBIC YARDS):	DAILY QUANTITY	TOTAL IN PLACE QUANTITY	D. AREA IN WHICH SOIL WILL BE DISTURBED (IN ACRES)
		5,000 cu yds	
			TOTAL SITE AREA

VII. LOCATION OF POINT OF DISPOSAL OR OPERATION

(DESIGN AND ATTACH MAP, SKETCH, OR LOCATION ON U.S.G.S. QUADRANGLE MAP, 7.5 OR 15 MINUTE SERIES.)

LIST DISTANCES OR BEARINGS AND DISTANCE FROM SECTION CORNER OR QUARTER CORNER, SECTION, TOWNSHIP, RANGE, BASE AND MERIDIAN:

Permit to use 5,000 cu yds of excavated soil as daily cover at Bradley Landfill,

Sun Valley, California.

Soil to be transported by truck to Bradley Landfill.

VIII. SOURCE OF WATER SUPPLY (CHECK ALL APPROPRIATE)

A. <input type="checkbox"/> MUNICIPAL OR UTILITY SERVICE:	B. <input type="checkbox"/> INDIVIDUAL (Wells)
NAME OF WATER PURVEYOR	
ADDRESS OF PURVEYOR	C. <input type="checkbox"/> SURFACE SUPPLY:
	NAME OF STREAM, LAKE, SPRING, ETC. (IF NAMED)
	TYPE OF WATER RIGHTS
	<input type="checkbox"/> Riparian <input type="checkbox"/> Appropriation
	WATER RIGHTS PERMIT OR LICENSE #

IX. ENVIRONMENTAL IMPACT REPORT (EIR)

Has an EIR been prepared for this project? ☐ Yes ☐ No

If "Yes", please enclose a copy.

If "No", will an EIR be prepared? ☐ Yes ☐ NoWill a negative declaration be prepared? ☐ Yes ☐ No

If "Yes", please answer the following:

WHO WILL PREPARE THE NEGATIVE DECLARATION?

APPROX. DATE OF COMPLETION

CERTIFICATION

I hereby certify under penalty of perjury that the information provided in this application and in any attachments is true and accurate to the best of my knowledge.

SIGNATURE OF OWNER OF FACILITY	SIGNATURE OF OPERATOR OF FACILITY
<i>S. Mario Stavale</i>	<i>S. Mario Stavale</i>
PRINTED OR TYPED NAME	PRINTED OR TYPED NAME
S. Mario Stavale	S. Mario Stavale
TITLE	TITLE
Project Manager	Project Manager
DATE	DATE

LIST TITLES OF ANY ATTACHMENTS:

Analytical data summaries for 20 stockpiles (each 250 cu yds) totaling 5,000 cubic yards.

You will be notified of the correctness of filing fee and submittal of any additional information deemed necessary to complete your Report of Waste Discharge pursuant to Division 7, Section 13260 of the State Water Code, or to complete your permit application pursuant to Government Code Section 66796.30 and Health and Safety Code Section 25200.



GENERATOR'S WASTE PROFILE SHEET

PLEASE PRINT IN INK OR TYPE

Service Agreement on File? ☒ YES ☐ NO

Profile Number: WMI

507762

Renewal Date:

/ /

A. Waste Generator Information

- | | |
|---|---|
| 1. Generator Name: <u>Boeing Realty Corporation</u> | 2. SIC Code: _____ |
| 3. Facility Street Address: <u>19503 South Normandie Ave.</u> | 4. Phone: <u>(562) 627-3014</u> |
| 5. Facility City: <u>Los Angeles</u> | 6. State/Province: _____ |
| 7. Zip/Postal Code: <u>90502</u> | 8. Generator USEPA/Federal ID #: <u>CAD08651000513985</u> |
| 9. County: <u>Los Angeles</u> | 10. State/Province ID #: _____ |
| 11. Customer Name: <u>Boeing Realty Corporation</u> | 12. Customer Phone: <u>(562 -) 627-3014</u> |
| 13. Customer Contact: <u>S. Mario Stavale</u> | 14. Customer Fax: <u>562-627-3109</u> |

B. Waste Stream Information

- | | |
|--|---|
| 1. Name of Waste: <u>Excavated soil</u> | 2. State Waste Code: <u>non-hazardous</u> |
| 3. Process Generating Waste: <u>Non-hazardous soil to be used as daily cover at Bradley Landfill at Sun Valley, California.</u> | |
| 4. Estimated Annual Volume: <u>50,000</u> <input type="checkbox"/> Tons <input checked="" type="checkbox"/> Yards <input type="checkbox"/> Other (specify) _____ | |
| 5. Personal Protective Equipment Requirements: <u>None</u> | |
| 6. Transporter/Transfer Station: _____ | |
| 7. Is this a U.S. Department of Transportation (USDOT) Hazardous Material? (If no, skip 8, 9, & 10)..... <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 8. Reportable Quantity (lbs.; kgs.): <u>None</u> | 9. Hazard Class/ID #: <u>None</u> |
| 10. USDOT Shipping Name: _____ | |
| <input type="checkbox"/> Check if additional information is attached. Indicate the number of attached pages: _____ | |

C. Generator's Certification (Please check appropriate responses, sign, and date below.)

- | | |
|---|---|
| 1. Is the waste represented by this waste profile sheet a "Hazardous Waste," as defined by USEPA, Canadian, Mexican and/or state/province regulation, in the location where generated or ultimately managed?..... | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 2. Does the waste represented by this waste profile sheet contain regulated radioactive material or regulated concentrations of Polychlorinated Biphenyls (PCBs)?..... | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 3. Does this waste profile sheet and all attachments contain true and accurate descriptions of the waste material?..... | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Has all relevant information within the possession of the Generator regarding known or suspected hazards pertaining to the waste been disclosed to the Contractor?..... | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. Is the analytical data attached hereto derived from testing a representative sample in accordance with 40 CFR 261.20 (c) or equivalent rules?..... | <input type="checkbox"/> NA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| 6. Will all changes that occur in the character of the waste be identified by the Generator and disclosed to the Contractor prior to providing the waste to the Contractor?..... | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

Certification Signature: *S. Mario Stavale* Title: Project Manager
Name (Type or Print): S. Mario Stavale Company Name: Boeing Realty Corp. Date: 9-22-97

D. WMI Management's Decision

FOR WMI USE ONLY

- | | |
|--|---|
| 1. Management Method: <input type="checkbox"/> Landfill <input type="checkbox"/> Solidify <input type="checkbox"/> Bioremediation <input type="checkbox"/> Other (Specify) _____ | 3. Hours of acceptance: _____ <input type="checkbox"/> NA |
| 2. Proposed Ultimate Management Facility: _____ | |
| 4. Supplemental Information: _____ | |
| 5. Precautions, Special Handling Procedures, or Limitations on Approval: _____ | |

Special Waste Decision.....	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Salesperson's Signature: _____	Date: _____
Division Approval Signature (Optional): _____	Date: _____
Special Waste Approvals Person Signature: _____	Date: _____